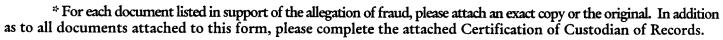
HEALTH APPLICATION FRAUD REFERRAL FORM OIFP-3B (01/01)



OF THE STATE			For	r OIFP use only:
		ey ce Fraud Prosecutor		<i></i>
	P.O. Box 094 Trenton, NJ 0862	5	Intake #	
CHAPTE TO THE STATE OF THE STAT	7	•		
PART I				
INSURANCE	c o		DAME DESCRIPTION	
ADDRESS			DATE REPORTED	
			NAIC COMPANY#	•
			DATE OF APPLICATION_	-
			b o r i	C Y
TELEPHONE				
CONTACT PE	erson			
E-MAIL ADDR	RESS			
TYPE OF COV	ERAGE (Check appropriate	box) STATUS	(Indicate as appropriate)	
HEALTH (INI	DEMNITY) HEALTI		PREMIUM ADJUSTED	
HEALTH (HM	IO) DENTAL D		V 1 ' %	
011EK			APPLICATION DECLINED	D
			NON-RENEWALCANCELED	
INSURED/SUB	IECT/PROVIDER (CIRCL	E)		
				MIDDLE
STREET		CITY		STATE-ZIP
HOME PH.		WORK PH		D.O.B
S.S. #		D.L.#		D.O.B
BUSINESS NAM	ME		TIN #	_
<u>PRODUCER</u> (IF	APPLICABLE): AGEI	NCY NAME		
PRODUCER N			FIRST	MI
ADDRESS:				STATE/ZIP
WORK PH		LICENSE #		
DADM **				
PART II PROV	ISION(S) OF N.J.S.A. 17:3 CK APPROPRIATE BOX)	31-4 RELATING TO APPLICA	TIONS THAT MAY HAVE	BEEN VIOLATED:
. 🗆	a(5) - conceals relevant evid WHICH MAY BE RELEV 17:33A-4A(5)	dence of application fraud: CONC VANT TO A FINDING THAT A	EALS OR KNOWINGLY FAI VIOLATION OF N.J.S.A. 17:3	LS TO DISCLOSE ANY EVIDENCE, 3A-4A(4) HAS OCCURRED. N.J.S.A.
	a(5)(b)-conspires with an PROVISION OF THIS	nother: KNOWINGLY ASSISTS, ACT. N.J.S.A. 17:33A-4B. (SP	CONSPIRES WITH, OR URC ECIFY WHICH PROVISION(S	GES A PERSON TO VIOLATE ANY OF THE ACT WERE VIOLATED
I				

January 2001

	1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT DID AND FRA INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE. (MERELY STATING "SEE ATTACHED" FILE OR DOCUMENTS IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PARTICULAR SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*
	AND LINE, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*
-	
	2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO THE INSURANCE CARRIER, OR INFORMATION OMITTED, A INDICATE ON WHICH DOCUMENTS EACH STATEMENT OR OMISSION IS MADE:
	(FOR EXAMPLE, THE APPLICATION AND ANY DOCUMENT SUBMITTED IN SUPPORT OF THE APPLICATION)*
	3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED PARAGRAPH 1. ABOVE:*
	4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED INSURANCE PRODUCER (AGENT) INSURANCE AGENCY EMPLOYEE KNOWINGLY PARTICIPATED IN THE APPLICATION FRAUD. PROVIDE THE NAME AT ADDRESS OF THIS PERSON.*





CERTIFICATION OF CUSTODIAN OF RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person wit actual knowledge in the regular course of business at the time the activity took place. If additional records later becom known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that th foregoing statements by me are true. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment.

(List each document in this space or reference a separate attached listing)

Custodian of Records (Full Name and Title)

Dated: